SELF REPORT HEALTH ASSESSMENT SURVEY

NOTE: The Independent Living Philosophy is based on the idea that the individual is the best source of information about their situation, rather than relying solely on doctor or other medical reports. You can help us by completing the following survey. This will help us understand your particular situation.

NAME: _____
ADDRESS: _____
CITY, ZIP: _____
BIRTH DAY: ___/____/___

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Please check or circle the disability (disabilities) and/or health issues you experience.

__ Multiple Sclerosis

__ Lou Gehrigôs Disease (ALS)

__ Problems with eyes, ears, throat

__ Dizziness, fainting, blackout

__ Persistent bronchitis, asthma, emphysema

__ Stroke, paralysis, seizures

__ Tumors, leukemia, or cancer

__ Allergies, skin problems

__ Diabetes, thyroid, pituitary, glands

__ Loss or paralysis of limb

__ Mental illness or nervous disorder

__ Alcohol or drug abuse

__ Problems with reading, writing, math, or speech

__ Muscular Dystrophy

__ Arthritis, back pain, or problems with spine and joints

__ High blood pressure, chest pain, heart attack, or other heart problems

__ Ulcer, hernia, colitis, intestinal bleeding or other internal/stomach problems

__ Problems with kidney, bladder, prostate, reproductive organs

__ Please describe any other disability, diagnosis, or health issue you would like us to know about:

_____
_____
_____
_____ _____
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PLEASE CHECK OR CIRCLE THE ACTIVITIES OR FUNCTIONAL LIMITATIONS YOU EXPERIENCE THAT INTERFERE WITH LIVING MORE INDEPENDENTLY.

__ Walking, standing, sitting

__ Climbing or balancing

__ Reaching, handling, or fingering objects

__ Problems working an 8 hour day

__ Being in cold, heat, or temperature changes

__ Being around noise or vibration

__ Catching on to things, learning new tasks

__ Getting along with others

__ Being around dust, fumes, odors, or gasses

__ Lifting or carrying things

__ Stooping, bending, or kneeling

__ Talking or hearing

__ Working outside

__ Being in wet, humid places

__ Reading, writing, doing math

__ Doing tasks which change often

__ Making decisions

__ Keeping self control under pressure

PLEASE ADD ANY OTHER COMMENTS OR DESCRIBE OTHE BARRIERS YOU EXPERIENCE IN TRYING TO BE INDEPENDENT:

_____
_____
_____

Please return this Health Survey with IL Service Application form to:

Alice Kehr
Iowa Vocational Rehabilitation Services
217 W 5th Street
Spencer, Iowa 51301